

CSP Network Forum Notes

June 24, 2016

Introductions and Announcements

- There will be two prominent suicidologists at the Crisis Intervention Conference September 29-30. This is a great opportunity not only for social workers and counselors, but also for law enforcement officers, corporation counsels, etc. ([Conference Information](#))
- The Recovery Implementation Task Force is celebrating a 20th anniversary! ([RITF Website](#))
- The Wisconsin Department of Health Services has transitioned to a new tool for email distribution lists. The CSP messages are now being shared through a tool called GovDelivery. If you're not getting CSP messages, email Brad.Munger@Wisconsin.gov.

Jana Frey, Ph.D., PACT CSP, spoke on serving youth in an ACT program. She also shared results of research on this, tips, and what they've learned. ([View her PowerPoint slides](#)). Jana shared some background/history of PACT, the Program for Assertive Community Treatment. The program developed out of Mendota to prevent multiple re-hospitalizations and started with a limited three-year United Way grant. PACT is an empirically-driven model, an evidence-based practice. It is the first ACT program and the research they have done have set practices for fidelity in ACT programs around the world. Their current research projects include studying the results of providing early intervention ACT services to youth and investigating transitioning clients to non-ACT services and the results of this. In 1998, the admission age for PACT was lowered to 15 due to seeing problems with rehabilitation related to a decreased in services youth received at about ages 16-17. The youth are comingled in the existing CSP program vs. being a separate program/team. They assist the youth to transition into adulthood and achieve their goals re: driving, completing school, etc. They have found that when you intervene earlier, you get better outcomes (in terms of adult role functioning). With the first cohort of 15 youth, ACT treatment resulted in a four-fold decrease in hospitalizations and decreased secondary disabilities associated with having a mental illness. In addition, Jana shared that while there are adaptations to make, it is fairly easy to serve youth. One adaptation is allowing for the big increase in indirect time it takes to manage youth (such as family meetings, IEP meetings, coordination with schools, families, etc.). Interventions include a stronger group, recreation, school and family education/support focus. They have found ways to assist clients to get school credit for ACT activities. They found that by helping the youth meet their goals, they built consensus for treatment. They have found that the more applied you can be when teaching skills, the more successful clients will be. Sixty percent of their clients are working competitively and 90 percent of the youth graduated high school, when they came to the program with significant credit deficiency. Five of the first cohort of 15 have transitioned successfully out of PACT. There is now a cohort of 45.

Donna Reimer, Nurse Consultant with the Bureau of Prevention Treatment and Recovery, spoke on Metabolic Syndrome monitoring and treatment. She asked for feedback and information about what programs are currently doing to monitor and treat Metabolic Syndrome. Programs shared different monitoring systems and the use of health/wellness groups, cooking class, CSP gardens, providing free pedometers, involving clients in movement/exercise- including through the use of contests, and assisting clients with harm reduction such as soda drinking reduction. PACT has a Metabolic Syndrome protocol. ([View a sample form for this purpose.](#)) Donna shared experience she had conducting a Metabolic Syndrome clinic at an inpatient facility. In the project, they identified clients with Metabolic Syndrome, provided clients with results of their labs/findings and set up plans for progress, providing information in writing. Getting buy-in and involving both clients and staff was helpful. Donna will soon be sending out a survey to CSP's to look in to how programs are identifying and treating Metabolic Syndrome, to evaluate things and see what technical assistance the state could provide.

Kathy Rohr, Family & Children's Center, facilitated a discussion on quality improvement processes. Kathy shared some quality improvement projects and processes from her agency and other shared some of theirs. If anyone has processes, forms or protocols to share on quality improvement, please send them to Brad and he will send them out. Quality improvement has multiple facets to it--such as determining if what you need to do is

getting done and whether or not what you do makes a difference. Coordinators discussed their methods for evaluating paperwork completion and for evaluating outcomes. There were questions about the section of DHS 63 called Program Evaluation and Brad fielded those questions. This is basically the program's treatment plan, where goals are set for what the program wants to work on to improve- such as setting a percent goal for visits in the community (50% is required but PACT has a goal of 75%), offering particular kinds of interventions (such as providing smoking cessation groups), or outcomes (such as assisting 5 clients to quit smoking, or attaining an increased % of clients working competitively). In addition, programs should be assessing client satisfaction, whether it is via the ROSI or other type of satisfaction measure.

Lynn Shaw from Milwaukee County shared information on implementing ACT services in Milwaukee Co. All of their CSP's are now providing ACT services. They have 14 teams and 1300 clients. They are using the TMACT fidelity tool. They will be providing a train-the-trainer training on using the TMACT tool and would be open to others joining them. If interested, contact Lynn by email at lynn.shaw@milwaukeecounty.gov

State and Partner Updates

- If anyone wants to staff a case at the next meeting, let Brad know.
- There is a new person in charge of Family Care at the state, Vaughn Brandt
- Polly Wong is now with the northern region and Rod Senn has taken her previous counties
- PPS Update - We'll soon have the ability to log-in and see stats from our counties with pie charts and bar graphs.
- More beds have been opened at Mendota for persons being evaluated for competency.
- Cheryl Lofton retired.

Our next meeting is September 16, 2016 from 9:30 a.m-1:30 p.m..

Respectfully submitted,

Kathy Rohr